



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/998,575	11/16/2001	Johann Eibl	A34720-PCT-USA-A

BAKER BOTTS L.L.P.
30 ROCKEFELLER PLAZA
NEW YORK, NY 10112



CONFIRMATION NO. 7871

FORMALITIES LETTER



OC000000007288769

Date Mailed: 01/10/2002

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

- An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
 - To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
 - The balance due by applicant is \$ 130.

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

04/24/2002 AOSMAN1 00000007 09998575

02 FC:105

130.00 OP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

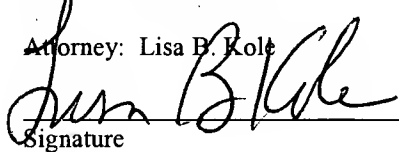
Applicant : Johann Eibl
Serial No. : 09/998,575 Examiner: TBA
Filed : November 16, 2001 Group Art Unit: 1615
For : MEDICAMENT FOR TOPICAL APPLICATION

RESPONSE TO NOTICE TO FILE MISSING PARTS

I hereby certify that this paper is being deposited with the
United States Postal Service as first class mail in an
envelope addressed to: Assistant Commissioner of Patents,
Washington, D.C. 20231.

Date: April 15, 2002

Attorney: Lisa B. Kolt


Signature

PTO Reg. No. 35,225

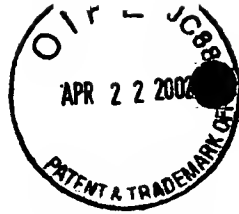
April 15 2002
Date of Signature

Assistant Commissioner of Patents
Washington, D.C. 20231

SIR:

In response to the "Notice to File Missing Parts" mailed January 10, 2002, Applicant
submits herewith:

- (i) An executed Combined Declaration and Power of Attorney, together with the
required fee, estimated to be \$130.00; and
- (ii) a Petition for two (2) months extension of time, up to and including May 10,
2002, accompanied by the appropriate fee of \$400.



A34720-PCT-USA-A 071986.0227

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication to Deposit Account No. 02-4377. A duplicate copy of this sheet is enclosed.

Please note that the enclosed Declaration sets forth the residence of Dr. Johann Eibl:
Gustav-Tschermakgasse 2, Vienna, Austria A1180.

Respectfully submitted,

Lisa B. Kole
PTO Reg. No. 35,225

(212) 408-2628

BAKER BOTTS, L.L.P.
ATTORNEYS FOR APPLICANTS

BAKER BOTTS LLP

#3

**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 530)

Compleat if Known

Application Number	09/998,575
Filing Date	11/16/2001
First Named Inventor	Johann Eibl
Examiner Name	To be assigned
Group Art Unit	1615
Attorney Docket No.	A34720-PCT-USA-A

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **02-4377**
Deposit Account Name **Baker Botts LLP**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17☒ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid	
20 **	0	X	0	
Independent Claims	3 **	0	X	0
Multiple Dependent				

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description
18	9	Claims in excess of 20
84	42	Independent claims in excess of 3
280	140	Multiple dependent claim, if not paid
84	42	** Reissue independent claims over original patent
18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	130
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for ex parte reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	400
920	460	Extension for reply within third month	
1,440	720	Extension for reply within fourth month	
1,960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,280	640	Petition to revive - unintentional	
1,280	640	Utility issue fee (or reissue)	
460	230	Design issue fee	
620	310	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Information Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
740	370	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 530)**SUBMITTED BY**Name (Print/Type) **Lisa B. Kole**

Signature

Registration No. (Attorney/Agent)

35,225

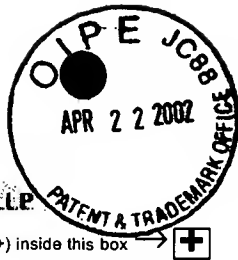
Complete (if applicable)

Telephone (212) 408-2628

Date

April 15, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**BAKER BOTTS LLP**

#3 MP \$

Please type a plus sign (+) inside this box



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/998,575
	Filing Date	11/16/2001
	First Named Inventor	Johann Eibl
	Group Art Unit	1615
	Examiner Name	To be assigned
Total Number of Pages in This Submission	Attorney Docket Number	A34720-PCT-USA-A

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Executed Combined Declaration and Power of Attorney
Remarks <input type="checkbox"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112	
Signature		Att Name: Lisa B. Kole PTO Reg: 35,225
Date	April 15, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 15, 2002		
Typed or printed name	Lisa B. Kole	
Signature		Date April 15, 2002

BAKER BOTTS LLP

Attorney Docket Number: A34720-PCT-USA-A

Title: MEDICAMENT FOR TOPICAL APPLICATION



Use Space Below for Additional Information: